

# Best Available Copy

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SC		1/14/99
O.I.P.E. CLASSIFIER		0154 21	1/20/99
FORMALITY REVIEW			1-25-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 □ ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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